State of Alaska

Department of Transportation and Public Facilities

Attn: Finance Section		Attn: Finance Section		Attn: Fiscal Office-M/S 2500				
PO Box 196900	OR	2301 Peger Road	OR	3132 Channel Drive				
Anchorage, AK 99519-6900		Fairbanks, AK 99709-5399		Juneau, AK 99801-7898				
(907) 269-0883 phone		(907) 451-5247 phone		(907) 465-8835 phone				
(907) 269-0831 fax		(907) 451-2368 fax		(907) 465-1402 fax				

CERTIFIED ACTIVITY REPORT CONCESSION SALES

(greater of)

SALES RATE AMOUNT Hotel/Lodging X % = Food X % = Liquor X % = A. TOTAL CONCESSION FEES DUE: B. MINIMUM LAND PAYMENT: AMOUNT DUE = GREATER of A or B above: Enclosed is my check (payable to the 'State of Alaska') covering the fees due. Charge the greater of A or B above to the following credit card (\$5,000 limit): VISA MASTERCARD Expiration Date: Credit card Number: Credit card Number: CVC Code Name printed on card: Billing Statement Address: Check here if you want a receipt faxed to you at fax number: I certify that the figures presented above are true and correct.	Under Agreement ADA at the Airport, my firm is authorized by the State of Alaska, Department of Transportation and Public Facilities to sell food, lodging and/or liquor. Following is a Certified Activity Report for sales for the period ending										
FoodX% =		SALES	<u>R</u> /	<u>ATE</u>		<u>AMOUNT</u>					
A. TOTAL CONCESSION FEES DUE: B. MINIMUM LAND PAYMENT: AMOUNT DUE = GREATER of A or B above: Enclosed is my check (payable to the 'State of Alaska') covering the fees due. Charge the greater of A or B above to the following credit card (\$5,000 limit): VISA MASTERCARD Expiration Date: Credit card Number: Credit card Number: Billing Statement Address: Check here if you want a receipt faxed to you at fax number:	Hotel/Lodging		Χ _	%	=						
A. TOTAL CONCESSION FEES DUE: B. MINIMUM LAND PAYMENT: AMOUNT DUE = GREATER of A or B above: Enclosed is my check (payable to the 'State of Alaska') covering the fees due. Charge the greater of A or B above to the following credit card (\$5,000 limit): VISA MASTERCARD Expiration Date: Credit card Number: CVC Code Name printed on card: Billing Statement Address: Check here if you want a receipt faxed to you at fax number:	Food		Χ _	%	=						
B. MINIMUM LAND PAYMENT: AMOUNT DUE = GREATER of A or B above: Enclosed is my check (payable to the 'State of Alaska') covering the fees due. Charge the greater of A or B above to the following credit card (\$5,000 limit): VISA MASTERCARD Expiration Date: Credit card Number: Credit card Number: Billing Statement Address: Check here if you want a receipt faxed to you at fax number:	Liquor		Χ _	%	=						
AMOUNT DUE = GREATER of A or B above: Enclosed is my check (payable to the 'State of Alaska') covering the fees due. Charge the greater of A or B above to the following credit card (\$5,000 limit): VISA MASTERCARD Expiration Date: Credit card Number: CVC Code Name printed on card: Billing Statement Address: Check here if you want a receipt faxed to you at fax number:	A. TOTAL CONCESSION FEES DUE:										
Enclosed is my check (payable to the 'State of Alaska') covering the fees due. Charge the greater of A or B above to the following credit card (\$5,000 limit): VISA MASTERCARD Expiration Date: Credit card Number: CVC Code Name printed on card: Billing Statement Address: Check here if you want a receipt faxed to you at fax number:	B. MINIMUM LAND PAYMENT:										
Charge the greater of A or B above to the following credit card (\$5,000 limit): VISA MASTERCARD Expiration Date: Credit card Number: Name printed on card: Billing Statement Address: Check here if you want a receipt faxed to you at fax number:	AMOUNT DUE = GREATER of A or B above:										
Credit card Number: CVC Code Name printed on card: Billing Statement Address: Zip: Check here if you want a receipt faxed to you at fax number:	Charge the greater of A or B above to the following credit card (\$5,000 limit):										
Name printed on card: Zip:											
Billing Statement Address: Zip: Zip: Zip:	——————————————————————————————————————										
I certify that the figures presented above are true and correct.											
	I certify that the figures presented above are true and correct.										
Date: Lessee/Permittee:	Date:	: Lessee/Permittee:									
(Printed Name - as shown on Agreement) **Signature:		(Printed									
By:											
Title: Phone:											
E-mail:											

^{**}If a credit card is used to make payment, the person signing must be an authorized signer on the credit card.